

NATIONAL Assessment Centre Services.

14/10/2020 14:22

Date In: 14/10/2020 14:22
Ref No: N/A/2005/1153/Y
Veh No: GBF 8426Y
D.O.A: 02/10/2020 07:20

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (Veh No, AIC No)

I-Motor Claims Form

MT/110605-001

14/10/2020

I-Motor W/O (With: OD 2hrs, TP 4hrs)

18:33

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Witness

Q1: ☒ Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Participant(s):

Veh No:

GBF 7696R

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: VHS () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor of repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: VHS () / NO () ; Towing Co: (

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: (

N/A 2005/463

Driver/Owner:

Contract No:

Damage Portion:

QC Checked by (Engi-In-Charge):

1) Allt Accident Reporting (330)

2) DA: Damage Assessment (5100) INC (510)

3) TP: Towing Fee 340/45

4) PT: Follow-Through Survey 1120

5) PT: Follow-Through Survey (Resurvey) 320

6) PT: Follow-Through Survey (Resurvey) 320

7) NI: Day DA + EMRT Survey 1160

8) NTUC Additional Services

9) NI: Day DA + EMRT Survey 1160

10) NI: Day DA + EMRT Survey 1160

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12) NI: Day DA + EMRT Survey 1160

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/10/2020 14:23
Date Of Accident	07/10/2020 07:20
Exact Location Of Accident	ALONG BUROH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8426Y
Insured/Policyholder	
Name Of Registered Owner	NOOR AZMI BIN SAMHUDI
NRIC No	SXXXX618G
Email Address	N.AZMI@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91592268
Alternative Phone No	OTHERS-91592268

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-N-998CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5117602717
Cover Note Number	

Driver

Name of Driver	NOOR AZMI BIN SAMHUDI
NRIC No	SXXXX618G
Date Of Birth	16/05/1974
Occupation	INDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91592268
Fax Number	
Contact Number	OTHERS-91592268
Email Address	N.AZMI@OUTLOOK.COM

Address BLK 359 YUNG AN ROAD
#12-85

Postcode 610359

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - U-TURN

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201013/7022

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF7696R

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NOOR AZMI BIN SAMHUDI

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBF8426Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 14/10/2020
1410 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

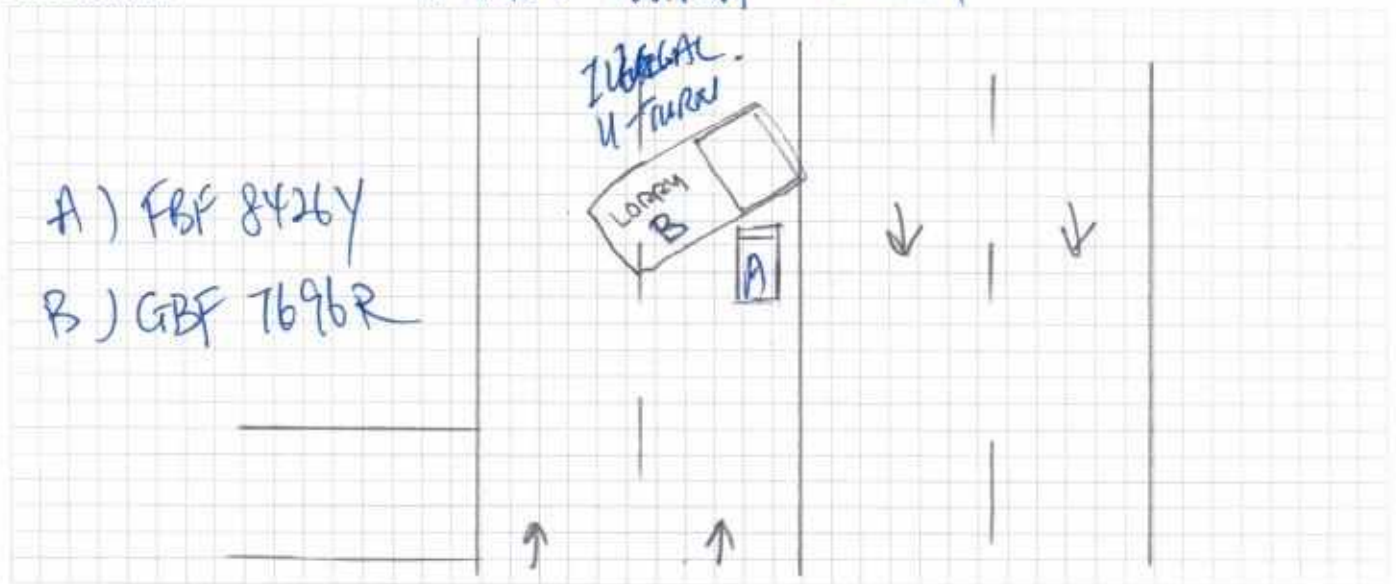
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG BURGH STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20201013/7022

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 14/10/2020

1410 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/10/2020

Rashid

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 10 / 2020) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)

LOCATION: 8 ALONG AROH STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 8426 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ1N
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: NOOR AZMI BIN SAMKUDI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7430618 G CONTACT: 91592268
c) ADDRESS: BLK 359 YUNG AN ROAD #12-85 S (610359)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (16 / 09 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 / 09 / 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 766 R MODEL: TOYOTA DYNA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = N. Azmi@outlook.com

VIDEO



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201013/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2020 17:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NOOR AZMI BIN SAMHUDI			Address: 359 YUNG AN ROAD #12-85 SINGAPORE 610359		
ID Type / ID No.: NRIC NO / S7430618G			Contact No.: Home/Office: Mobile: 91592268		
Nationality: SINGAPORE CITIZEN			Email: n.azmi@outlook.com		
Sex: Male	Age: 46	Date of Birth: 16/09/1974	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Supervisor/General foreman (metal, machinery and related trades)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2020 07:20	Type of Location: Straight Road
Location: BUROH STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBF8426Y	Motorcycle	YAMAHA	FZ1-N	White	Seriously Damaged	0
GBF7696R	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201013/7022

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201013/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8426Y	NTUC Income Insurance Co-Operative Limited	5117602717	22/06/2020	21/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NOOR AZMI BIN SAMHUDI	ID No.	S7430618G
Related Vehicle	FBF8426Y (Motorcycle)	Contact No.	91592268
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	07/10/2020	Date	12/10/2020
No. of Days granted Medical Leave	25	Degree of	Serious

Brief Details.

On the 7th October 2020 at around 7:20am, I was riding my bike on my way to work along Buroh Street towards Tanjong Kling Road. I was riding on the right lane and have notice a lorry was stationary on the left lane. Suddenly the said lorry made an illegal u-turn which crosses my lane. I could not stop my bike immediately and hit its front right side of the lorry. The next thing I know, I was on the road moaning in pain.



**SINGAPORE
POLICE FORCE**



T/20201013/7022

3 of 3

Report No. T/20201013/7022

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/10/2020 17:51

Classification Of Case:

Claim Handling

Accident MT/1106605

Policy No.	5117602717	Vehicle No.	FBF8426Y	GST Registrati
Certificate No.				
Policyholder Name	NOOR AZMI B SAMHUDI			Policyholder No
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91592268	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	14/10/2020 18:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/10/2020	Time of Accident hh:mm	07:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BURDH STREET			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 359 #12-85	Address 2	YUNG AN ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-85	Related Policy Number	5117602717	

O1 Driver Info

Driver Name	Noor Azmi Samhudi	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7830618G	Driver DOB
Register Date of Driver License	01/01/2018	Driver Age	46	Driving Exper
Contact No.(Mobile)	91592268	Contact No.(Office)		Contact No.(H
Address 1	BLK 359 #12-85	Address 2	YUNG AN ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-85			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBF8426Y	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)	91592268	Contact No. (Home)	
Email Address	shoot_mie@yahoo.com.sg	O1 Vehicle Number	FB
Claim Description	FBF8426Y / GBF7695R ON 7 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Submitt No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	14/10/2020 18:30	Claim Close Date
Report Taken By	ROSLI WAHAB		

Print AK letter



Z

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A

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/10/2020 16:27"/>
Vehicle No. (For Motor)	<input type="text" value="FBF8426Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117602717		NOOR AZMI B SAMHUDI	S7430618G	GMC	Third Party	FBF8426Y	FBF8426Y	22/06/2020	21/06/2021